

1 52160

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			/			
2	/		/				52			/			
3	/		/				53			/			
4	/		/				54			/			
5	/		/				55			/			
6	/		/				56			/			
7	/		/				57			/			
8	/		/				58			/			
9	/		/				59			/			
10	/		/				60			/			
11	/		/				61			/			
12	/		/				62			/			
13	/		/				63			/			
14	/		/				64			/			
15	/		/				65			/			
16	/		/				66			/			
17	/		/				67			/			
18	/		/				68			/			
19	/		/				69			/			
20	/		/				70			/			
21	/		/				71			/			
22	/		/				72			/			
23	/		/				73			/			
24	/		/				74			/			
25	/		/				75			/			
26	/		/				76			/			
27	/		/				77			/			
28	/		/				78			/			
29	/		/				79			/			
30	/		/				80			/			
31	/		/				81			/			
32	/		/				82			/			
33	/		/				83			/			
34	/		/				84			/			
35	/		/				85			/			
36	/		/				86			/			
37	/		/				87			/			
38	/		/				88			/			
39	/		/				89			/			
40	/		/				90			/			
41	/		/				91			/			
42	/		/				92			/			
43	/		/				93			/			
44	/		/				94			/			
45	/		/				95			/			
46	/		/				96			/			
47	/		/				97			/			
48	/		/				98			/			
49	/		/				99			/			
50	/		/				100			/			
TOTAL IND.		↓	7	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	28	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			35				TOTAL CLAIMS						